

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number			Sy Candida	te X	Committee		Lobbyist			
Name of Filing Committee, C Lobbyist	(Mark X) X X Lisa A. Vallimont									
Street Address	·									
City Er	8090 Lake Pleas		nt Road PA Zip Co		16509					
Type of Report (Place x unde	r report type)			_						
1-6 th Tuesday 2- 2 nd Frida Pre-Primary Pre-Primary	4- 6th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election					
Fie-Filliary Fie-Filliary	Primary	rie- Liection				2 25 25		· .		
			X							
Date Of Election (MM/DD/YYYY)	11/07/201	Year 7	2017	Amendment Report		Termination Report				
Summary of Receipts and	From Date	To Date			For	Office Use Only		- 47		
Expenditures	05/10/201	7 10/23	3/2017							
A. Amount Brought Forward From Last Report \$ 137.50						- 				
B. Total Monetary Contributions and Receipts \$										
C. Total Funds Available		\$ 107	F0							
(Sum of Lines A and B)		137	mm S							
C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule III)										
(From Schedule III) 237.89										
(Subtract Line D from Line C) -100.39 F. Value of In-Kind Contributions Received \$								/		
F. Value of In-Kind Contribut (From Schedule II)	ions Received	\$				夏气		•		
G. Unpaid Debts and Obliga	tions	\$					yn a B			
(From Schedule IV)						<u> </u>	<u>.</u>			
Part 1- If this is a Committee rep	ort, treasurer sign h	nere. If this is a Ca	Affidavit Se ndidate report, c							
I swear (or affirm) that this repo	rt, including the at	echnication weap	TPOF FENTS	best of my knowles	dge and belief t	rue, correct and comple	ete.			
Sworn to and subscribed before	me this	NOT	ARIALSEAL	· · · · · · · · · · · · · · · · · · ·	· · / /		nvert			
27 day of OCTOB	ER 20/7		nmer, Notary Pu wp., Erie Coun		LICE V	Γ	TUM			
A Holas	2	My Commission	Expires Anril	12 2021 31119 315	af Parson Subra	nitting report Limont				
My Commission Expires April 12, 2021 MEMBER, PENNSY VANIAASSOCIATION OF NOTARIES Printed Name										
			8	814 572–7061						
My Commission expires 0 4 /2 2021 MO. DAY YR. Area Code						ytime Telephone Numb	er			
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.										
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as										
amended.										
Sworn to and subscribed before me this										
day of	20	- '[_	Sig	nature of Cand	idate	_ 			
Signature	Printed Name									
My Commission expires										
MO.		· .	Area Code	Day	time Telephone Numbe	er				

Statement of Expenditures

Filer Identi	er:					
COLD OF CONTINUESSINGS						

To Whom Paid	· ·			Date [MM/DD/YYYY]	\$::
	Jim Flet	cher		10/04/2017	\$ 112.00
House #	Street Address	. <u> </u>		Description of Expenditu	we.
City		State	Zip	N 2012 (1922) (1932) (1932) (1932) (1932) (1932)	<u>uniong majoris malion (1,675) je MAR</u>
e ne aleka			Code	P1ywood	
To Whom Paid				TOTAL ACA PROMETO CONTRACTOR OF THE CONTRACTOR O	5
Angelowa (Constitution of the Constitution of	Valu Hom	e Center		10/04/2017	20.03
House #	Street Address	<u>—</u> ——		Description of Expenditur	
City	Carlotte Carlotte Anna Anna Anna Anna Anna Anna Anna Ann	State	Zip		<u>, verska poverne verski se gjære til i lingskil 1968</u>
			Code	paint	
To Whom Paid			; <u> </u>	Charles of Charles (#1995) #1995 #1995 #1995 #1995 #1995 #1995 #1995 #1995 #1995 #1995 #1995 #1995 #1995 #1995	105.06
January Park	Home De	pot		10/08/2017 Description of Expenditure	105.86
House #	Street Address			pescription of expenditu	
City	promote <u>and the second (b)</u>	State	Zip	State of the state	
	2000	100 mm 1	Code	misc. building	
To Whom Paid				Date [MM/DD/YYYY]	
House#	Street Address			Description of Expenditus	56. 16 .
	J. J. GEV. Audress				
City	and the state of t	State	Zip Code		
To Whom Paid		1000 (1600 100) Alak - Alak Wali		Date [MM/DD/YYYY]	
AAMOM PAIG					
House #	Street Address			Description of Expenditu	re:
		by progression	 (金) (2) (3) (3) (4)		
City		State	Zip Code		
To Whom Paid		1 Trans General State	i programa de la companya de la comp	Date [MM/DD/YYYY]	\$
				(4) (4) (7)	
House #	Street Address			Description of Expenditu	re
City		State	Zip		<u>areen 484 Juliu 1919 (1818) See See See See See See See See See Se</u>
			Code		OL 19
To Whom Paid				Date [MM/DD/YYYY]	S
(42	(Adv.)			Description of Expenditu	
House #	Street Address			Description of Expenditu	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address	 		Description of Expenditu	rre
City	1855 A. (2017) B. S. C. (2018) B. S. (2017)	State	ZID	The second secon	<u> </u>
		1960 1876 1876 1980 1880 1880	Code		